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	Document Page 1 of 9		
Fill in this information to identify y	our case:		
Debtor 1 First Name	Middle Name Last Name	01-17 *18 AM	11:16
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name		
United States Bankruptcy Court for the: _	District of Phode Island		
Case number (If known)			Check if this is an amended filing
			amiconaea illing
Official Form 103B			
	lave the Chapter 7 Filing	ı Fee Waive	ed 12/15
	sible. If two married people are filing together, both are		
information. If more space is needer (if known).	d, attach a separate sheet to this form. On the top of an	y additional pages, write	your name and case number
	4 Year Ferrille and Year Ferrille		
Tell the Court Abou	t Your Family and Your Family's Income		
 What is the size of your family? Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J). 	Check all that apply: You Your spouse Your dependents	4	
	How many dependents?	Total number of peop	ie
Fill in your family's average monthly income.			That person's average
Include your spouse's income if			monthly net income (take-home pay)
your spouse is living with you, even if your spouse is not filing. Do not include your spouse's	value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the	⁹ You	s
income if you are separated and your spouse is not filing with you.	Supplemental Nutrition Assistance Program) or housing subsidies. If you have already filled out Schedule I: Your Income, see	Your spouse +	s 743.00
	line 10 of that schedule.	, .ou. spouse 1	
		Subtotal	s 743.00
	Subtract any non-cash governmental assistance that you included above.	-	\$
	Your family's average monthly net income	Total	s 743.00
3. Do you receive non-cash	Type of assistance		
governmental assistance?	Yes. Describe		
Do you ownedf!!. !-	Tal.		
 Do you expect your family's average monthly net income to increase or decrease by more that 10% during the next 6 months? 	Yes. Explain		
	<u> </u>		

Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

Lack of funds for stitud rustallment

Document Page 2 of 9 Debtor 1 Case number (if known) Part 2: **Tell the Court About Your Monthly Expenses** 6. Estimate your average monthly expenses. \$ 8,140.16 Include amounts paid by any government assistance that you reported on line 2. If you have already filled out Schedule J, Your Expenses, copy line 22 from that form. $\sqrt{N_0}$ 7. Do these expenses cover anyone who is not included in your family Yes. Identify who as reported in line 1? 8. Does anyone other than you √No regularly pay any of these expenses? Yes. How much do you regularly receive as contributions? \$____ If you have already filled out Schedule I: Your Income, copy the total from line 11. $\sqrt{N_0}$ 9. Do you expect your average monthly expenses to increase or Yes. Explain decrease by more than 10% during the next 6 months? Part 3: **Tell the Court About Your Property** If you have already filled out Schedule A/B: Property (Official Form 106A/B) attach copies to this application and go to Part 4. 10. How much cash do you have? Examples: Money you have in 20.00 Cash: your wallet, in your home, and on hand when you file this application 11. Bank accounts and other deposits Institution name: Amount: of money? Vallex Bank Examples: Checking, savings, Checking account: money market, or other financial accounts; certificates of deposit; Savings account: shares in banks, credit unions, brokerage houses, and other Other financial accounts: similar institutions. If you have more than one account with the Other financial accounts same institution, list each. Do not include 401(k) and IRA accounts. 12. Your home? (if you own it outright or 55 752, 161.60 are purchasing it) Current value: Number Street 02818 Examples: House, condominium, Amount you owe manufactured home, or mobile home City ZIP Code on mortgage and liens: 13. Other real estate? won Current value: Number Amount you owe on mortgage and City State ZIP Code liens: 14. The vehicles you own? Make: Current value: Examples: Cars, vans, trucks, hous Model: sports utility vehicles, motorcycles, Year: Amount you owe tractors, boats on liens: Mileage Make: Model: Current value: Year: Amount you owe Mileage on liens:

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Case 1:18-bk-10071 Doc 6 Filed 01/17/18 Entered 01/17/18 11:59:31 Desc Main Document Page 3 of 9 Debtor 1 Case number (if known) 15. Other assets? Describe the other assets: Current value: Do not include household items and clothing. Amount you owe wone on liens: 16. Money or property due you? Who owes you the money or property? How much is owed? Do you believe you will likely receive payment in the next 180 days? Examples: Tax refunds, past due wowe. or lump sum alimony, spousal No support, child support, Yes. Explain: maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery Part 4: **Answer These Additional Questions** 17. Have you paid anyone for services for this case, including How much did you pay? Yes. Whom did you pay? Check all that apply: filling out this application, the bankruptcy filing package, or the An attorney schedules? A bankruptcy petition preparer, paralegal, or typing service Someone else 18. Have you promised to pay or do < No you expect to pay someone for Yes. Whom do you expect to pay? Check all that apply: services for your bankruptcy How much do you case? expect to pay? A bankruptcy petition preparer, paralegal, or typing service Someone else 19. Has anyone paid someone on V No your behalf for services for this Yes. Who was paid on your behalf? Who paid? How much did case? Check all that apply: Check all that apply: someone else pay? An attorney Parent Brother or sister A bankruptcy petition preparer. paralegal, or typing service Friend Pastor or clergy Someone else Someone else 20. Have you filed for bankruptcy within the last 8 years? Yes. District MM/ DD/ YYYY MM/ DD/ YYYY Part 5: Sign Below By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct. Signature of Debtor 1 Signature of Debtor 2

Date Tamey 12.

MM / DD / YYYY

Fill in this information to identify	your case:			
Debtor 1 David	w. Wa	guer		
First Name Debtor 2	Middle Name	Last Name		·
(Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	District of			
Case number(if known)			Check if t	
,				nended filing postpetition chapter 13
				e as of the following date:
Official Form 106l	- <u>-</u>	·	MM / D	DD / YYYY
Schedule I: You	ır income			12/15
supplying correct information. If y	ou are married and not fili use is not filing with you, o e top of any additional pag	ng jointly, and your spou do not include information	se is living with y n about vour spo	or 2), both are equally responsible for you, include information about your spouse, use. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job,		Control of the Contro		постания по
attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.				
Occupation may include student or homemaker, if it applies.	Occupation			·
	Employer's name			
	Employer's address			•
		Number Street		Number Street
			<u></u>	
•				
		City State	ZIP Code	City State ZIP Code
	How long employed there	-		. State 211 State
Part 2: Give Details About	-			
* <u>.</u>	~	. If you have nothing to rend	ort for any line wri	ite \$0 in the space. Include your non-filing
spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employer,	, combine the information fo		· -
below. If you need more space, at	tach a separate sheet to this	s form.		
		ari Chiles a	For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sala deductions). If not paid monthly, or			. <u>O</u>	<u>\$ 875.00</u>
3. Estimate and list monthly overt	time pay.	3. + _{\$}	<u> </u>	+ \$0
4. Calculate gross income. Add lin	ne 2 + line 3.	4. \$	0	s_845.00

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Debtor 1 First Name Middle Name Last Name	known)		
		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4.	\$ <u> </u>	s 875.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$	s 132.00
5b. Mandatory contributions for retirement plans	5b.	\$	_ \$
5c. Voluntary contributions for retirement plans	5c.	\$	_ \$
5d. Required repayments of retirement fund loans	5d.	\$	_ \$
5e. Insurance	5e.	\$	_ \$
5f. Domestic support obligations	5f.	\$	_ \$
5g. Union dues	5g.	\$	_ \$
5h. Other deductions. Specify:	5h.	+s	+ s
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$	\$ 132.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ O	s 743.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$ O
8b. Interest and dividends	8b.	\$ O	\$ O
 Family support payments that you, a non-filing spouse, or a dependent regularly receive 	ent		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ O	s <u>Ø</u>
8d. Unemployment compensation	8d.	\$	s <u>O</u>
8e. Social Security	8e.	\$ <u> </u>	. \$ <u></u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$ O	s O
		<u></u>	
8g. Pension or retirement income	8g.	\$ <u> </u>	s <u>O</u>
8h. Other monthly income. Specify:	8h.	+\$ <u>O</u>	+\$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$_ <i>O</i>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$O	+ \$ 743.80 = \$ 743.00
11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, y friends or relatives.			ommates, and other
Do not include any amounts already included in lines 2-10 or amounts that are	not av	ailable to pay expe	nses listed in Schedule J.
Specify:			11. + \$ <u> </u>
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S			1 112 MO
13. Do you expect an increase or decrease within the year after you file this f	form?		Combined monthly income
No.			
i es. explain:			

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Fill in this information to identif	y your case:			
Debtor 1 David	W. Wagner	Check if thi	o in	
First Name Debtor 2	Middle Name Cast Name			
(Spouse, if filing) First Name	Middle Name Last Name	An ame	nded filing ement showing post	natition chanter 13
United States Bankruptcy Court for the	: District of		es as of the following	
Case number (If known)		MM / DD	7 YYYY	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household? ile Official Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	☐ No ■ Yes, Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.	each dependent	N		□ No
Do not state the dependents' names.		Daughter	_ <i>22</i>	Yes
		Daughter	20	□ No ■ Yes
				☐ No
				Yes
				□ No □ Yes
				. D No
				☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongo	□ No □ Yes ing Monthly Expenses			
expenses as of a date after the bar applicable date.	r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme n-cash government assistance if you	ental Schedule J, check the box	•	•
	d it on Schedule I: Your Income (Offic		Your expe	nses
4. The rental or home ownership e any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	s 4,6	60.16
If not included in line 4:				,
4a. Real estate taxes			4a. \$	
4b. Property, homeowner's, or r			4b. \$	
4c. Home maintenance, repair,			_	
4d. Homeowner's association or	condominium dues		4d. \$	

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Debtor 1

David W. Wagner
First Name Middle Name Last Name

Case number (if known)_____

			Your expenses
5.	. Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	. Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$ 600.00
	6b. Water, sewer, garbage collection	6b.	\$ 200.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 600.00
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$ 1,200.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$ 200.00
10.	Personal care products and services	10.	\$ 100.00
11.	Medical and dental expenses	11.	\$ 300.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	- 14.	\$80.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$,
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	e.	
	20a. Mortgages on other property	20a.	\$·
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debtor 1

First Name Middle Name Last Name

Case number (If known)_____

21. Other. Specify:

21. +\$_____

- 22. Calculate your monthly expenses.
 - 22a. Add lines 4 through 21.
 - 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
 - 22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$ 8,140.16 22b. \$ 0.00 22c. \$ 8,140.16

- 23. Calculate your monthly net income.
 - 23a. Copy line 12 (your combined monthly income) from Schedule I.
 - 23b. Copy your monthly expenses from line 22c above.
 - 23c. Subtract your monthly expenses from your monthly income.

 The result is your *monthly net income*.

- 23a. \$ 743,00 23b. -\$ 8,140.16
- -s 7,397.16

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

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UNI	TED STAT	ΓES B	ANKRUPTCY	COURT				ocal Form 1006-1.1 12/1/2013)	
FOR	THE DIS	TRIC	OF RHODE IS	SLAND			(100).	121 1120 13)	
In re	porng	W.	Wogner		: : :	BK No. Chapter	7		
		. .		x	:		,		
			SUPPLEME		OME AND EX WAIVER AP			TION	
				d act on an A	Application for	r Waiver o	f the Chap	ter 7 Filing Fee, the de income and expense for	
A.	SOURCE	OF IN	ICOME OF INI	DIVIDUAL I	DEBTOR(S)				
	1. Source	of inc		s, commission		-	•	lisability, pension).	
	bankruptc	y cas		source of	her person or the paymen	entity was t to the	s paid to 1	represent the debtor(s) (i.e., wages, social s	
B.			PENDITURES (
			lubs and enterta						
	List ea	-	cific recreation	item separate	ely and the mo	nthly expen	se:		
	-	<u> </u>	voue			\$			
						Φ			
						\$ \$			
	DECLAR	ATIO	N CONCERNIN	G DEBTOR'	S SUPPLEME	NTAL INC	OME AND	EXPENSE ADDENDUM	VΙ
		Γ	ECLARATION I	JNDER PENA	ALTY OF PERJ	URY BY IN	IDIVIDUAI	L DEBTOR	
the fo	oregoing inf	ormati		rect. I (we) fur	rther declare un	der penalty of	of perjury th	in full of in installments a nat I(we) have read the for d belief	
Date_	Jame	7 17	3018		S	Signature	Debtor	(chly)	
Date					S	Signature	Joint Del	otor, if any	